

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 16, 2003.

## **I. DISPUTE**

Whether there should be reimbursement for CPT codes 62284 and 62289-52, and 99212 for date of service November 25, 2002.

## **II. RATIONALE**

The EOB submitted by the requestor denied the services as “G – Disallowed; services included in the listed value of the surgical procedure.”

- CPT Code 62284 for date of service 11/25/02 is a starred procedure. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(A)(3) starred (\*) surgical procedures are not subject to the global fee concept. Procedure summary supports delivery of service. Reimbursement in the amount of \$303.00 is recommended.
- CPT Code 99212-25 for date of service 11/25/02. Per the 1996 Medical Fee Guideline (II)(B)(2)(c) when the starred (\*) procedure is carried out at the time of a follow-up visit and this procedure constitutes the major service at that visit, the follow-up visit shall not be billed or reimbursed. A letter, submitted by the requestor and signed by the requestor's billing specialist, reports that this visit was the follow-up visit for the injured worker; therefore, reimbursement is not recommended.

The EOB submitted by the requestor denied the following service for “F, YF – Reduced or denied in accordance with the appropriate Fee Guideline Ground Rule and/or maximum allowable reimbursement (MAR); A, YA – The treatment rendered exceeds the preauthorized treatment requestor and/or approved; G, YG – Reimbursement for this procedure is included in the basic allowance for another procedure”.

- CPT Code 62289\*-52 for date of service 11/25/02 is a starred procedure. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(A)(3) starred (\*) surgical procedures are not subject to the global fee concept. Per the 1996 Medical Fee Guideline, Surgery Ground Rule (I)(E)(4)(a) surgical injections delineated as per injection by CPT descriptor and nomenclature warrant additional reimbursement per injection subject to the multiple procedure rule within the same body area; (D)(1)(b)(ii) 50% of the MAR for secondary or subsequent procedures when: the secondary or subsequent procedures are not performed through the same incision but are related to the primary procedure. Per Rule 134.600 preauthorization was obtained, Case Number: GAG11142P, for #3 lumbar ESI. Procedure summary supports delivery of service. Reimbursement in the amount of \$131.50 is recommended ( $\$263.00 \div 2$ ).

#### **IV. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 62284 and 62289-52 in the amount of \$434.50. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$434.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 25th day of February 2004.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

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